

CERTIFICATION OF OUT-OF-STATE SERVICE AS A POLICE OFFICER OR FIREFIGHTER

New Hampshire Law permits members to purchase previous out-of-state service as creditable service in the New Hampshire Retirement System, *if they are not entitled to benefits from another system for the same period of service, and the out-of-state certification meets or exceeds the standards for certification in New Hampshire.*

INSTRUCTIONS AND GENERAL INFORMATION: To receive a cost calculation to purchase out-of-state service as a police officer or firefighter, complete part I only and forward to your former retirement system. To purchase out-of-state service you must be currently employed by a covered NHRS employer. You must have become a member of the NHRS within 18 months of leaving the other system, and must apply for this service credit within 5 years of your membership date. If you have accumulated contributions in the other system that are not on deposit in a Section 403(b) or 457 governmental deferred compensation plan, those funds must be removed from the other system before the NHRS will consider your purchase request. Out-of-State service as a police officer or firefighter may be purchased with:

- A trustee to trustee transfer from a section 403(b) or 457 plan,
- Other post tax dollars, or
- A combination of a trustee to trustee transfer from a section 403(b) or 457 plan and other funds.

FORMER RETIREMENT SYSTEM INSTRUCTIONS:

Individual named in **Part I** has applied for out-of-state service credit with the New Hampshire Retirement System. Please verify eligible out-of-state service credit by completing **Part II** and returning this form to the New Hampshire Retirement System, 4 Chenell Drive, Concord, New Hampshire 03301-8509.

NH POLICE STANDARDS & TRAINING COUNCIL/NH FIRE STANDARDS & TRAINING COMMISSION INSTRUCTIONS:

Complete **Part III** concerning eligibility of out-of-state service. Return the completed form to the New Hampshire Retirement System, 4 Chenell Drive, Concord NH 03301.

PART I - TO BE COMPLETED BY APPLICANT (Please print)

Name	SS#	Title
Signature	Date of birth	Phone (H) (W)
Mailing Address		
Previous Name(s)	Current Employer	
Name and address of most recent employer covered under former retirement system		

PART II - TO BE COMPLETED BY FORMER RETIREMENT SYSTEM

According to the official records of the _____ Retirement System the above named applicant earned service credit while employed as a ___ Police Officer or ___ Firefighter.

In New Hampshire the purchase of previous out-of-state service credit is allowed only if the member is not eligible for any benefits in the out-of-state system for the same service credit.

1. Was the applicant **certified** as a full-time police officer or firefighter by a certifying authority in your state?.....Yes ___ No ___
2. State the total amount of service credit to the applicant's account in your system.....__ years __ months
3. Is any of the service which was credited less than full time?.....Yes ___ No ___
If yes, indicate the amount of less-than-full-time service credit.....__ years __ months
4. Indicate the last month and year that service was credited to applicant's account.....___/___
Month Year
5. Has the applicant withdrawn employee accumulated contributions?.....Yes ___ No ___
If yes, state total amount of refund.....\$_____
6. Has the applicant withdrawn employer accumulated contributions?.....Yes ___ No ___
If yes, state total amount of refund.....\$_____
7. Can the applicant reinstate these contributions?.....Yes ___ No ___
8. Is the applicant entitled to any residual retirement benefits for the above service?.....Yes ___ No ___
9. Is any of the credit listed for employment other than public employment?.....Yes ___ No ___
If yes, identify under comments, page 2.
10. Please identify if the applicant participated in a Section 403(b) _____ 457 _____ or other (identify plan) _____

Certification To Be Completed By Former Retirement System

I hereby certify that the information provided in part II and any comments are accurate.

Certifying Official's Name	Certifying Official's Signature	Title	Date
Address	City	State	Zip Code () Phone Number

[illegible]

1. Has the applicant applied for equivalent full-time certification in New Hampshire?.....Yes ____ No ____
2. If yes, if the applicant's out-of-state certification requirement under the laws of the other jurisdiction the equivalent of New Hampshire certification for purposes of out-of-state retirement credit?.....Yes ____ No ____
3. If no, to question 2 above, why not? _____

I hereby certify that the information provided in Part II is accurate.

FOSS 11/202